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| PETITION FOR EXTENS  | SION OF TIME UNDER  | Docket Number (Optional)                                    |   |                               |
|--|---|---|---|-------------------------------|
|  | FY 2006   |   |   |                               |
| (Face pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 19 1623, 893  |   |   | Filed .   |                               |
|  | STEMS   | -   |   |                               |
| Art Unit 2157  |   |   | Examiner ALAM, VZMA   |                               |
| This is a request under the papplication.  | provisions of 37 CFR 1.136  | 6(a) to extend the perio                                    | d for filing a reply in the                                 | e above identified            |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |   |   |   |                               |
|  |   | <u>Fee</u>  | Small Entity Fee  | •                             |
| One month (3   | 7 CFR 1.17(a)(1))   | \$120   | \$60  | \$ 60.00                      |
| Two months (3  | 37 CFR 1.17(a)(2))  | \$450   | \$225   | \$                            |
| Three months   | (37 CFR 1.17(a)(3))   | \$1020  | \$510   | \$                            |
| Four months (  | 37 CFR 1.17(a)(4))  | <b>\$1590</b>   | \$795   | \$                            |
| Five months (3   | 37 CFR 1.17(a)(5))  | \$2160  | \$1080  | \$                            |
| Applicant claims small entity status. See 37 CFR 1.27,   |   |   |   |                               |
| A check in the amount of the fee is enclosed.  |   |   |   |                               |
| Payment by credit card. Form PTO-2038 is attached.   |   |   |   |                               |
| The Director has already been authorized to charge fees in this application to a Deposit Account.  |   |   |   |                               |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to  |   |   |   |                               |
| Deposit Account Number I have enclosed a duplicate copy of this sheet.   |   |   |   |                               |
| WARNING: information on this form may become public. Gredit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.                  |   |   |   |                               |
| I am the applica   | ant/inventor.   |   |   |                               |
| assignee of record of the entire interest. See 37 CFR 3.71.  |   |   |   |                               |
| Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  attorney or agent of record. Registration Number 42, 595   |   |   |   |                               |
| attorney or agent under 37 CFR 1.34.   |   |   |   |                               |
| Registration number if acting under 37 CFR 1.34  |   |   |   |                               |
| Rep Contract   |   |   | 07/29/2007  |                               |
| Signature  |   |   | Date O. 4.0   |                               |
| Typed or printed name  |   |   | 112.871.1310<br>Telephone Number                            |                               |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one                                |   |   |   |                               |
| tignature is required, see bolow.  |   |   |   |                               |
| Total of forms are submitted.  This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a bonefit by the public which is to file (and by the |   |   |   |                               |
| USPTO to process) an application. C complete, including gathering, prepart   | onfidentiality is governed by 36 U.                                   | S.C. 122 and 37 CFR 1.11 ar                                 | id 1.14. This collection is esti                            | mated to take 6 minutes to    |
| comments on the amount of time you<br>U.S. Patent and Trademark Office, U.<br>FORMS TO THIS ADDRESS, SEND  | require to complete this form and/<br>S. Department of Commerce, P.O. | or suggestions for reducing the Box 1460, Alexandria, VA 22 | ils burden, should be sent to t<br>2313-1450. DO NOT SEND F | he Chief Information Officer. |

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